UnitedHealthcare: Qualified Health Plans

Small Group 2-50

Health Plan Name	UNITEDHEALTHCARE CHARTER **DG1X**
O-EPIC Health Plan ID	**H02272**
Individual Annual Deductible (in-network)	$250
Individual Annual Out-of-Pocket Maximum (in-network)	$2500
Office Visit Copay	$15
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS **DG1T**
O-EPIC Health Plan ID	**H02266**
Individual Annual Deductible (in-network)	$250
Individual Annual Out-of-Pocket Maximum (in-network)	$2500
Office Visit Copay	$30
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS **DG1U**
O-EPIC Health Plan ID	**H02268**
Individual Annual Deductible (in-network)	$500
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS **DG1V**
O-EPIC Health Plan ID	**H02271**
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$2000
Office Visit Copay	$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE SELECT **DG1B**
O-EPIC Health Plan ID	**H02273**
Individual Annual Deductible (in-network)	$250
Individual Annual Out-of-Pocket Maximum (in-network)	$2500
Office Visit Copay	$15
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	UNITEDHEALTHCARE CHARTER **DGZW**
O-EPIC Health Plan ID	**H02292**
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$2000
Office Visit Copay	$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS **DGZL**
O-EPIC Health Plan ID	**H02293**
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$2000
Office Visit Copay	$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE SELECT **DGZM**
O-EPIC Health Plan ID	**H02294**
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$2000
Office Visit Copay	$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC CHOICE PLUS **DGZN**
O-EPIC Health Plan ID	**H02304**
Individual Annual Deductible (in-network)	$500
Individual Annual Out-of-Pocket Maximum (in-network)	$1250
Office Visit Copay	$35
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC SELECT **DGZO**
O-EPIC Health Plan ID	**H02305**
Individual Annual Deductible (in-network)	$500
Individual Annual Out-of-Pocket Maximum (in-network)	$1250
Office Visit Copay	$35
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	UHC CHARTER **DGZY**
O-EPIC Health Plan ID	**H02306**
Individual Annual Deductible (in-network)	$500
Individual Annual Out-of-Pocket Maximum (in-network)	$1250
Office Visit Copay	$35
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS **E0N0**
O-EPIC Health Plan ID	**H02265**
Individual Annual Deductible (in-network)	$250
Individual Annual Out-of-Pocket Maximum (in-network)	$2500
Office Visit Copay	$15
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC SELECT **E0NX**
O-EPIC Health Plan ID	**H02325**
Individual Annual Deductible (in-network)	$250
Individual Annual Out-of-Pocket Maximum (in-network)	$2500
Office Visit Copay	$15 PCP // $50 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC CHARTER **E00M**
O-EPIC Health Plan ID	**H02326**
Individual Annual Deductible (in-network)	$250
Individual Annual Out-of-Pocket Maximum (in-network)	$2500
Office Visit Copay	$15 PCP // $50 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC CHARTER **E00W**
O-EPIC Health Plan ID	**H02327**
Individual Annual Deductible (in-network)	$500
Individual Annual Out-of-Pocket Maximum (in-network)	$2500
Office Visit Copay	$15 PCP // $50 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	UHC SELECT **E0N8**
O-EPIC Health Plan ID	**H02328**
Individual Annual Deductible (in-network)	$500
Individual Annual Out-of-Pocket Maximum (in-network)	$2500
Office Visit Copay	$15 PCP // $50 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC CHOICE PLUS **E00F**
O-EPIC Health Plan ID	**H02329**
Individual Annual Deductible (in-network)	$500
Individual Annual Out-of-Pocket Maximum (in-network)	$2500
Office Visit Copay	$15 PCP // $50 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Group Size 51+

Health Plan Name	CHOICE PLUS PREMIER 25/500/100% **DNYK**
O-EPIC Health Plan ID	**H01721**
Individual Annual Deductible (in-network)	$500
Individual Annual Out-of-Pocket Maximum (in-network)	$2000
Office Visit Copay	$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS PREMIER 25/1000/100% **DNYL**
O-EPIC Health Plan ID	**H01722**
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$2500
Office Visit Copay	$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS PREMIER 25/1500/100% **DNYM**
O-EPIC Health Plan ID	**H01723**
Individual Annual Deductible (in-network)	$1500
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS **ETJC**
O-EPIC Health Plan ID	**H01726**
Individual Annual Deductible (in-network)	$2000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$30
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	UHC NAVIGATE **DNXL**
O-EPIC Health Plan ID	**H01793**
Individual Annual Deductible (in-network)	$0
Individual Annual Out-of-Pocket Maximum (in-network)	$1750
Office Visit Copay	$10 / Specialist $30
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC NAVIGATE **DNXO**
O-EPIC Health Plan ID	**H01795**
Individual Annual Deductible (in-network)	$2,000
Individual Annual Out-of-Pocket Maximum (in-network)	$3,000
Office Visit Copay	$20/ Specialist $60
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC NAVIGATE **EHNV**
O-EPIC Health Plan ID	**H01797**
Individual Annual Deductible (in-network)	$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	$3,000
Office Visit Copay	$25/ Specialist $75
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS **DNYJ**
O-EPIC Health Plan ID	**H01851**
Individual Annual Deductible (in-network)	$250
Individual Annual Out-of-Pocket Maximum (in-network)	$1750
Office Visit Copay	$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS **DNY9**
O-EPIC Health Plan ID	**H01854**
Individual Annual Deductible (in-network)	$250
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$20
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	CHOICE PLUS **DNZH**
O-EPIC Health Plan ID	**H01855**
Individual Annual Deductible (in-network)	$250
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS **DNZU**
O-EPIC Health Plan ID	**H01856**
Individual Annual Deductible (in-network)	$0
Individual Annual Out-of-Pocket Maximum (in-network)	$1500
Office Visit Copay	$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS **DNZV**
O-EPIC Health Plan ID	**H01857**
Individual Annual Deductible (in-network)	$250
Individual Annual Out-of-Pocket Maximum (in-network)	$1750
Office Visit Copay	$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS **DNZW**
O-EPIC Health Plan ID	**H01858**
Individual Annual Deductible (in-network)	$3000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$30
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS **DNZX**
O-EPIC Health Plan ID	**H01859**
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$25
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	CHOICE PLUS **ETI3**
O-EPIC Health Plan ID	**H01860**
Individual Annual Deductible (in-network)	$1500
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC NAVIGATE **DN1E**
O-EPIC Health Plan ID	**H02059**
Individual Annual Deductible (in-network)	$2000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$30
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC CHOICE PLUS **ETJA**
O-EPIC Health Plan ID	**H02083**
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC CHARTER **DNX5**
O-EPIC Health Plan ID	**H02121**
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$25 PCP / $75 Specialist
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC NAVIGATE **DNXZ**
O-EPIC Health Plan ID	**H02122**
Individual Annual Deductible (in-network)	$2000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$20 PCP / $60 Specialist
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	UHC NAVIGATE **DNXW**
O-EPIC Health Plan ID	**H02123**
Individual Annual Deductible (in-network)	$0
Individual Annual Out-of-Pocket Maximum (in-network)	$1750
Office Visit Copay	$10 PCP / $30 Specialist
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE SELECT **EHQJ**
O-EPIC Health Plan ID	**H02176**
Individual Annual Deductible (in-network)	$2000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$15
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE SELECT **EHP6**
O-EPIC Health Plan ID	**H02178**
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE OKLAHOMA CHOICE PLUS **ETJE**
O-EPIC Health Plan ID	**H02181**
Individual Annual Deductible (in-network)	$2000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$15
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE OKLAHOMA CHARTER **EHN7**
O-EPIC Health Plan ID	**H02182**
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$25 PCP
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	UNITEDHEALTHCARE OKLAHOMA NAVIGATE **EHRT**
O-EPIC Health Plan ID	**H02183**
Individual Annual Deductible (in-network)	$2000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$15 PCP
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS **DN2K**
O-EPIC Health Plan ID	**H02282**
Individual Annual Deductible (in-network)	$2000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$10
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE NAVIGATE **EHRU**
O-EPIC Health Plan ID	**H02284**
Individual Annual Deductible (in-network)	$2000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$10
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE NAVIGATE **DN3X**
O-EPIC Health Plan ID	**H02286**
Individual Annual Deductible (in-network)	$2000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$15 PCP / $50 Specialist
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS **ETJM**
O-EPIC Health Plan ID	**H02296**
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$15 PCP // $50 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS **EHQU**
O-EPIC Health Plan ID	**H02297**
Individual Annual Deductible (in-network)	$2000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$10 PCP // $40 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE SELECT **EUIN**
O-EPIC Health Plan ID	**H02298**
Individual Annual Deductible (in-network)	$2000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$10 PCP // $40 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE SELECT **EUIL**
O-EPIC Health Plan ID	**H02299**
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$15 PCP // $50 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	SUREST **A2500** UNITEDHEALTHCARE
O-EPIC Health Plan ID	**H02276**
Individual Annual Deductible (in-network)	$0
Individual Annual Out-of-Pocket Maximum (in-network)	$2500
Office Visit Copay	$5 TO $40
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	SUREST **A3000** UNITEDHEALTHCARE
O-EPIC Health Plan ID	**H02277**
Individual Annual Deductible (in-network)	$0
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$5 TO $40
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	SUREST **A1500** UNITEDHEALTHCARE
O-EPIC Health Plan ID	**H02300**
Individual Annual Deductible (in-network)	$0
Individual Annual Out-of-Pocket Maximum (in-network)	$1500
Office Visit Copay	$5 TO $25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	SUREST **A2000** UNITEDHEALTHCARE
O-EPIC Health Plan ID	**H02301**
Individual Annual Deductible (in-network)	$0
Individual Annual Out-of-Pocket Maximum (in-network)	$2000
Office Visit Copay	$5 TO $25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	**UHC** NAVIGATE **EHRV**
O-EPIC Health Plan ID	**H02341**
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$15 PCP
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	**UHC** CHOICE PLUS **EHPU**
O-EPIC Health Plan ID	**H01860**
Individual Annual Deductible (in-network)	$1500
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$25 PCP
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	**UHC** SELECT **EHP7**
O-EPIC Health Plan ID	**H02353**
Individual Annual Deductible (in-network)	$2000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$30 PCP
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	**UHC** SELECT HMO EUIE
O-EPIC Health Plan ID	**H02387**
Individual Annual Deductible (in-network)	$2000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Office Visit Copay	$15 PCP
Pharmacy	All Filed & Approved Pharmacy Options